

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019529

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

82

Primary Registration District No.

3017

Registrar's No.

82

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Boonville

Length of stay in 1b
All of life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rest Haven Nursing Home

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper.

c. CITY OR TOWN Boonville, Mo.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1121--11th. St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Laura

Middle
Weekley

Last
Taggart

4. DATE OF DEATH

Month
June

Day
3

Year
1963

5. SEX
Female

6. COLOR OR RACE
White

7. Marital Status
Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
June 17, 1876

9. AGE (last birthday)
86

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Cooper County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Martin Weekley

13b. MOTHER'S MAIDEN NAME

Martha Lewis

14. NAME OF HUSBAND OR WIFE

Palmer Taggart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mr. Thomas A. Weekley, Blackwater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerosis
Senility

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1961 to June 3-63 and last saw her alive on May 28-63
Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

June 6, 1963

23c. NAME OF CEMETERY OR CREMATORY

Old Lamine Cemetery

23d. LOCATION (City, town, or county)

Cooper County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Goodman & Boller, Boonville, Mo.

25. DATE RECD. BY LOCAL REG.

6/4/63

26. REGISTRAR'S SIGNATURE

EE Cooper

STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.